

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10018331 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			5			
TOTAL DEP.			10			
TOTAL CLAIMS			15			

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
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TOTAL CLAIMS				